

MDR Tracking Number: M4-03-5446-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 4-14-03.

I. DISPUTE

Whether there should be reimbursement for CPT codes: 99214 and 99080-73

II. FINDINGS

The respondent denied reimbursement based upon, “F – The work status report (TWCC 73) was not properly completed or was submitted in excess of the filing requirements, therefore, reimbursement is denied per Rule 129.5; and N – Documentation does not support the service billed. Carriers may not reimburse the service at another billing codes’ value per Rule 133.301(B). A revised CPT code or documentation to support the service billed may be submitted. Reduced or denied in accordance with the appropriate fee guideline ground rule and/or maximum allowable reimbursement (MAR).”

III. RATIONALE

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
8-2-02	99080-73	\$15.00	\$0.00	F	\$15.00	Rule 129.5(d)	No reimbursement is recommended, no change in work status to support filing and billing of TWCC-73 per statute.
8-2-02	99214	\$105.00	\$0.00	N	\$71.00	CPT Code Descriptor	The insurance carrier attempted to raise medical necessity issues non-compliance with rule 133.307(J)(2). Report supports billing per MFG, reimbursement of \$71.00 is recommended.

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT code (99214) in the amount of **\$71.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby **ORDERS** the Respondent to remit **\$71.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 12th day of January 2005.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division